			FCC Form
Mobility	r Fund		Approved by OMB
Phase 1	- §54.1009 Annual Reporting		OMB 3060-1185
Data Co	llection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	618346	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Emily Thatcher	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9078685643 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	ethatcher@gci.com	

<040>	Has the in	formation required pursuant to §54.1009 been provided with a Form 481 fili	ng (Y/N) <040>	<ul><li>O</li></ul>
	<041>	Attach a description of the documents filed with the Form 481 reporting	<041>	Form481GCICommunicationsCorp618346.pdf
				<u> </u>
	<042>	Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	619014

<080>	Tribal Lands Reporting (y/n?)	(Does this study area cover tribal lands? Yes or No)	•	)
				,

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	rier Contact Form				FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code			618346	
<015>	Study Area Code Study Area Name			GCI Communication Corp.	
<020>	Program Year			2017	
<030>	Contact Name - Person USAC should contact re	garding	this data	Emily Thatcher	
<035>	Contact Telephone Number - Number of perso			9078685643 ext.	
<039>	Contact Email Address - Email Address of person	on identi	ried in data line <030>	ethatcher@gci.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidde	<u>r</u>			
<110>	FCC Registration Number		1568880		
<111>	Filing Carrier Name		GCI Communication C	Corp	
<112>	Winning Bidder Carrier Name		GCI Communication C		
<113>	Street Address (or PO Box)		2550 Denali St, Sui		
<114>	City		Anchorage		
<115>	State		AK		
<116>	Zip-Code				
<117>	Telephone Number		99503 9078685643 ext.		
<118>	Fax Number				
<119>	Email Address		9078689817		
			ethatcher@gci.com		
Contact In	iformation if same as above, indicate in this box				
<120>	Name (First, MI, Last, Suffix)		Chris Nierman		
<121>	Filing Carrier Name		GCI Communication Co	orp	
<122>	Street Address (or PO Box)		1900 L St NW Suite	700	
<123>	City		Washington		
<124>	State		DC		
<125>	Zip-Code		20036		
<126>	Telephone Number		2024578815 ext.		
<127>	Fax Number		9078689817		
<128>	Email Address		cnierman@gci.com		
			chiefman@gci.com		
<u>Authorize</u>	d Agent Information	<b>V</b>			
	if no agent, indicate in this box	L			
<130>	Name (First, MI, Last, Suffix)	•			
<131>	Company	•			
<132>	Street Address (or PO Box)				_
<133>	City				_
<134>	State				
<135>	Zip-Code	_			
<136>	Telephone Number	-			
<137>	Fax Number	-			
<138>	Email Address				
		-			

(060) Coverage and Performance Report FCC Form 690 Ap proved by OMB
An proved by OMP
Ap proved by Givib
OMB Control No. 3060-1185
Page 3 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

618346\_CPRd\_AK.zip

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>
	State	County		Resident Population per	Resident Population Newly Reached by Service	-	Road Miles per Census Block	,	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				(	See attach	ed works	neet			

•	99		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

#### Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: CERTIFIED ONLINE Date 06/29/2017 Signature of Authorized Officer: Lvnda Tarbath Printed name of Authorized Officer: VP CAO Title or position of Authorized Officer: 9088685638 ext. Telephone number of Authorized Officer: 618346 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to auth	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	e reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the rep	ports and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can l	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein base knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Age	
	Filing Due Date for this form:

(080) Triba	al Lands Reporting		FCC Form 690	
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		618346	
<015>	Study Area Name		GCI Communication Corp.	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Emily Thatcher	
<035>	Contact Telephone Number - Number of person identif		9078685643 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	ethatcher@qci.com	
<142>	State	AK		
		Nome Census Area		
		nome company mea		
<143>	County			
<b>\143</b> >	County			
		Alaska		
<144>	Tribal Land(s) on which ETC Serves			
				_
		618346_TLRa5_AK.pdf		
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<147>	Feasibility and sustainability planning;	Yes
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Yes

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
200		
<200>	Date Authorized to Receive Support	03/13/2015
<201>	Targeted Completion Date	03/14/2017
<202>	Total Mobility Fund Support Awarded	4586526.00
<203>	Total Mobility Fund Support Disbursed	1528842.00
<210>	Actual Completion Date	
-244	During the Charles Decorring in the standard land	618346 PSD AK.pdf
<211>	Project Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	V
<214>	Status of Network Deployment - Deployment	~
<215>	Status of Network Deployment - Maintenance	~
<216>	Project Budget Status	<u></u>
<217>	Project Plan Status	V
		_
<218>	Network will Support 3G/4G Mobile Service ?	) 3G 🔘 4G

(101) Cert	ification - Reporting Carrier		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
			Page 7 of 8
<010>	Study Area Code	618346	
<015>	Study Area Name	GCI Communication Corp.	_
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.	_

ethatcher@gci.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Email Address - Email Address of person identified in data line <030>

<039>

#### Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: <u>D</u>ate 06/29/2017 CERTIFIED ONLINE Signature of Authorized Officer: Lynda Tarbath Printed name of Authorized Officer: VP CAO Title or position of Authorized Officer: 9088685638 ext. Telephone number of Authorized Officer: 07/03/2017 618346 Filing Due Date for this form: Study Area Code of Reporting Carrier:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/06/2017 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	o File for Mobility Fund Recipients on Behalf of Reporting Carrier  is authorized to submit the information reported on behalf of the reporting carrier. I ities include ensuring the accuracy of the data reporting requirements provided to the authorized
agent; and, to the best of my knowledge, the reports and data provide	, , ,
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment e 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Auth	norized to File for Mobility Fund Recipients on Bel	half of Reporting Carrier
	thorized to submit the reports for Mobility Fund recipient ng carrier; and, to the best of my knowledge, the informat	is on behalf of the reporting carrier; I have provided the data tion reported herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Age	ent	
Telephone number of Authorized Agent or Employee of	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communicatio 18 of the United States Code, 18 U.S.C. § 10	ns Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 01.

# **Attachments**

(060)	Coverage a	nd Perform	ance Report
	core.age c		unce nepone

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census **Census Block** (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002001007 Census 0.0 Yes ΑK 0 0 1.27 0.0 021800002001046 Census 0.0 0 ٥ AK 0.0 Yes Area 021800002001057 Census 0.0 3 Yes 3 ΑK 0.39 0.0 Area Nome 021800002001058 0.0 Census 2.63 Yes AK 0.0 Area 021800002001061 0.0 Census ΑK 1 0.0 0.71 Yes Area Nome 021800002001062 Census 0.0 6 AK 1.27 0.0 Yes Area 021800002001064 AK Census 17 17 4.5 0.0 0.0 Yes 021800002001066 Census AK 25 25 5.99 0.0 Yes 0.0 Nome 021800002001067 Census 1.27 ΑK 0 0 0.0 0.0 Yes Area 021800002001068 Census ΑK 0 0 1.08 0.0 0.0 Yes Area Nome 021800002001070 Census Yes 0.53 0.0 AK 1 0.0 Area Nome 021800002001071 Census 11 Yes 1 1 0.0 AΚ 0.0 Area 021800002001075 Census 0.2 Yes ΑK 0.0 0.0 Area Nome 021800002001076 Census Yes 3.0 0.0 AK 0.0 Area 021800002001079 Census ΑK 10 10 10 3.26 0.0 0.0 Yes Area 021800002001085 Census 0.61 0.0 Yes ΑK 0.0 Area 021800002001091 Census AK 1.43 0.0 Yes 0.0 Area Nome 021800002001092 Census Area 1 0.0 ΑK 1 0.1 0.0 Yes 021800002001095 Census 1 1 0.23 Yes AK 0.0 0.0 Area Nome 021800002001111 Census 0.0 Yes 3 ΑK 0.05 0.0 Area

> Percentage of Total Population Reached by Service

99		

0			

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002001113 Census 0.0 Yes ΑK 150 150 150 1.42 0.0 021800002001114 Census 0.0 15 15 AK 15 0.15 0.0 Yes Area 021800002001115 Census 0.0 19 19 Yes 19 ΑK 0.16 0.0 Area 021800002001118 0.0 Census 0.27 Yes AK 0.0 Area 021800002001123 0.0 Census 1 ΑK 0.0 0.24 Yes Area Nome 021800002001125 Census 0.0 40 40 AK 40 0.68 0.0 Yes Area 021800002001130 AK Census 40 40 0.4 0.0 0.0 Yes 021800002001131 Census AK 32 32 32 0.21 0.0 Yes 0.0 Nome 021800002001132 Census 0.43 ΑK 40 40 40 0.0 0.0 Yes Area 021800002001133 Census ΑK 2.4 24 24 0.09 0.0 0.0 Yes Area Nome 021800002001134 Census Yes 0.11 0.0 AK 9 9 0.0 Area Nome 021800002001135 Census Yes 8 0.0 AΚ 8 0.0 Area Nome 021800002001145 Census 1.86 Yes ΑK 0.0 0.0 Area Nome 021800002001149 Census Yes 0.26 0.0 37 37 AK 0.0 Area 021800002001150 Census ΑK 23 23 23 0.11 0.0 0.0 Yes Area 021800002001151 Census 21 0.13 0.0 Yes ΑK 21 21 0.0 Area 021800002001152 Census AK 19 19 19 0.07 0.0 Yes 0.0 Area Nome 021800002001153 Census Area 33 33 0.0 ΑK 33 0.07 0.0 Yes 021800002001154 Census 5 5 0.21 Yes AK 0.0 0.0 Area Nome 021800002001155 Census 21 21 0.0 Yes 21 ΑK 0.14 0.0 Area

> Percentage of Total Population Reached by Service

99

Percentage of Total Road Miles covered by Service

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002001156 Census 23 23 23 0.0 Yes ΑK 0.07 0.0 021800002001159 Census 0.0 25 25 25 AK 0.07 0.0 Yes Area 021800002001160 Census 0.0 21 21 Yes 21 ΑK 0.07 0.0 Area 021800002001161 0.0 Census 15 15 0.07 Yes AK 0.0 Area 021800002001163 0.0 Census ΑK 36 36 36 0.0 0.12 Yes Area Nome 021800002001164 Census 0.0 35 35 AK 35 0.12 0.0 Yes Area 021800002002006 AK Census 91 91 0.21 0.0 0.0 Yes 021800002002013 Census AK 1.49 0.0 Yes 0.0 Nome 021800002002014 Census 0.26 ΑK 11 11 0.0 0.0 Yes Area 021800002002016 Census ΑK 2 2 3.53 0.0 0.0 Yes Area Nome 021800002002037 Census Yes 57 0.49 0.0 AK 57 57 0.0 Area Nome 021800002002039 Census 32 Yes 32 32 0.0 AΚ 0.0 Area Nome 021800002002050 Census 0.95 Yes ΑK 0.0 0.0 Area Nome 021800002002054 Census Yes 1.08 0.0 AK 0.0 Area 021800002002058 Census ΑK 79 79 79 1.12 0.0 0.0 Yes Area 021800002002067 Census 11 1.78 0.0 Yes ΑK 11 11 0.0 Area 021800002002070 Census AK 0.57 0.0 Yes 0.0 Area Nome 021800002002074 Census Area 36 36 0.0 ΑK 36 0.24 0.0 Yes 021800002002075 Census 7 Yes AK 7 0.04 0.0 0.0 Area Nome 021800002002076 Census 13 13 0.0 Yes 13 ΑK 0.1 0.0 Area

> Percentage of Total Population Reached by Service

99

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002002077 Census 20 0.0 Yes ΑK 20 0.1 0.0 021800002002078 Census 0.0 3 3 AK 0.03 0.0 Yes Area 021800002002081 Census 0.0 3 Yes 3 ΑK 0.07 0.0 Area 021800002002082 0.0 Census 0.08 Yes AK 0.0 Area 021800002002083 0.0 Census ΑK 31 31 31 0.0 0.23 Yes Area Nome 021800002002084 Census 0.0 19 19 AK 19 0.11 0.0 Yes Area 021800002002085 AK Census 19 19 0.11 0.0 0.0 Yes 021800002002086 Census AK 14 14 0.11 0.0 Yes 0.0 Nome 021800002002087 Census 0.11 ΑK 18 18 0.0 0.0 Yes Area 021800002002088 Census ΑK 18 18 18 0.07 0.0 0.0 Yes Area Nome 021800002002089 Census Yes 2 0.1 0.0 AK 2 0.0 Area Nome 021800002002090 Census 17 Yes 17 17 0.0 AK 0.0 Area Nome 021800002002092 Census Yes AK 10 10 10 0.1 0.0 0.0 Area Nome 021800002002093 Census Yes 0.07 0.0 13 13 AK 0.0 Area 021800002002094 Census ΑK 32 32 32 0.07 0.0 0.0 Yes Area 021800002002095 Census 11 0.06 0.0 Yes ΑK 11 11 0.0 Area 021800002002096 Census AK 0.08 0.0 Yes 0.0 Area Nome 021800002002097 Census Area 22 22 0.0 ΑK 22 0.07 0.0 Yes 021800002002098 Census Yes AK 2.7 27 27 0.07 0.0 0.0 Area 021800002002099 Nome Census 19 19 0.0 Yes 19 ΑK 0.07 0.0

> Percentage of Total Population Reached by Service

Area

99

Percentage of Total Road Miles covered by Service

FCC Form 690 Approved by OMB

OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	Nome Census Area	021800002002100	27	27	27	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002101	29	29	29	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002102	36	36	36	0.19	0.0	0.0	Yes
AK	Nome Census Area	021800002003003	3	3	3	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002003004	29	29	29	0.28	0.0	0.0	Yes
AK	Nome Census Area	021800002003005	32	32	32	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002003006	16	16	16	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003007	2	2	2	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003008	15	15	15	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002003009	19	19	19	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003010	64	64	64	0.3	0.0	0.0	Yes
AK	Nome Census Area	021800002003011	29	29	29	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003013	21	21	21	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003014	41	41	41	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002003015	58	58	58	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002003016	54	54	54	0.09	0.0	0.0	Yes
AK	Nome Census Area	021800002003017	23	23	23	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003018	54	54	54	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003019	19	19	19	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002003021	19	19	19	0.07	0.0	0.0	Yes

Percentage of **Total Population** Reached by Service

99		

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002003022 Census 0.0 Yes ΑK 58 58 58 0.16 0.0 021800002003023 Census 0.0 44 44 44 AK 0.13 0.0 Yes Area 021800002003024 Census 0.0 12 12 Yes 12 ΑK 0.13 0.0 Area 021800002003025 0.0 Census 12 12 0.1 Yes AK 0.0 Area 021800002003026 Census ΑK 50 50 50 0.0 0.14 Yes Area Nome 021800002003028 Census 0.0 5 5 AK 0.1 0.0 Yes Area 021800002004000 AK Census 44 44 0.29 0.0 0.0 Yes 021800002004001 Census AK 12 12 0.43 0.0 Yes 0.0 Nome 021800002004002 Census 0.11 ΑK 23 23 0.0 0.0 Yes Area 021800002004003 Census ΑK 2.8 28 28 0.12 0.0 0.0 Yes Area Nome 021800002004005 Census Yes 20 0.12 0.0 AK 20 20 0.0 Area Nome 021800002004006 Census 25 Yes 25 25 0.0 AK 0.0 Area Nome 021800002004007 Census 0.11 Yes ΑK 61 61 61 0.0 0.0 Area Nome 021800002004009 Census Yes 0.1 0.0 37 37 AK 0.0 Area 021800002004010 Census 40 ΑK 40 40 0.15 0.0 0.0 Yes Area 021800002004011 Census 85 0.17 0.0 Yes ΑK 85 85 0.0 Area 021800002004013 Census AK 46 46 46 0.05 0.0 Yes 0.0 Area Nome 021800002004014 Census Area 11 11 0.0 ΑK 11 0.1 0.0 Yes 021800002004015 Census 0.1 Yes AK 24 24 24 0.0 0.0 Area Nome 021800002004016 Census 15 15 0.0 Yes 15 ΑK 0.1 0.0 Area

> Percentage of Total Population Reached by Service

99

Percentage of Total Road Miles covered by Service

Coverage and Performance Report Year

<140>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
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01/2016 - 12/2016

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached County Census Block Census Block Service Block State 021800002004017 Census 0.0 Yes AK 69 69 0.14 0.0 021800002004018 Census 0.0 43 43 43 AK 0.14 0.0 Yes Area 021800002004019 Census 0.0 30 30 Yes 3.0 ΑK 0.05 0.0 Area 021800002004020 0.0 Census 10 10 10 0.1 Yes AK 0.0 Area 021800002004021 0.0 Census 172 172 172 ΑK 0.0 0.23 Yes Area Nome 021800002004022 Census 0.0 2.4 24 AK 24 0.1 0.0 Yes Area 021800002004023 AK Census 31 31 0.07 0.0 0.0 Yes 021800002004024 Census AK 14 14 0.07 0.0 Yes 0.0 Nome 021800002004025 Census 0.15 ΑK 53 53 0.0 0.0 Yes Area 021800002004026 Census ΑK 32 32 32 0.11 0.0 0.0 Yes Area Nome 021800002004027 Census Yes 16 16 0.18 0.0 AK 16 0.0 Area Nome 021800002004028 Census 37 37 Yes 37 0.0 AΚ 0.0 Area Nome 021800002004029 Census 0.13 Yes ΑK 39 39 39 0.0 0.0 Area Nome 021800002004030 Census Yes 0.13 0.0 45 45 45 AK 0.0 Area 021800002004031 Census ΑK 29 29 29 0.14 0.0 0.0 Yes Area 021800002004032 Census 45 0.14 0.0 Yes AK 45 45 0.0 Area 021800002004033 Census AK 58 58 58 0.19 0.0 Yes 0.0 Area Nome 021800002004034 Census Area 41 41 0.0 ΑK 41 0.11 0.0 Yes 021800002004035 Census 7 0.14 Yes AK 7 0.0 0.0

> Percentage of Total Population Reached by Service

021800002004036

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Percentage of Total Road Miles covered by Service

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Yes

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618346 <010> Study Area Code <015> Study Area Name GCI Communication Corp. <020> Program Year 2017 <030> Contact Name - Person USAC should contact regarding this data Emily Thatcher

9078685643 ext. Contact Telephone Number - Number of person identified in data line <030> <035> <039> Contact Email Address - Email Address of person identified in data line <030> ethatcher@gci.com

<140> Coverage and Performance Report Year 01/2016 - 12/2016

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	Nome Census Area	021800002004037	26	26	26	0.24	0.0	0.0	Yes
AK	Area Nome Census Area	021800002004038	1	1	1	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004039	6	6	6	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002004040	41	41	41	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002004041	44	44	44	0.13	0.0	0.0	Yes

Percentage of **Total Population** Reached by Service

99		

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